

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035533

LED VS SEP 21 1960

Registration District No. 212 Primary Registration District No. 5499 Registrar's No. \_\_\_\_\_

STATE FILE NUMBER

ENDED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FRANKLIN</u>		Length of stay in 1b	c. CITY OR TOWN <u>ELDON - R#3</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway-54-Johnnie Meigs</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7 mi. So. ELDON</u>	
3. NAME OF DECEASED (Type or print) First <u>Lloyd</u> Middle <u>VIRIAN</u> Last <u>Wood</u>			4. DATE OF DEATH Month <u>Sept</u> Day <u>17</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2 July 1918</u>	9. AGE (last birthday) <u>42</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>	11. BIRTH-PLACE (City and state or country) <u>MILLER-Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>W<sup>r</sup> EARL - Wood</u>		13b. MOTHER'S MAIDEN NAME <u>MARY - BURNS</u>		14. NAME OF HUSBAND OR WIFE <u>HAZEL - BURNS - Wood</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWII</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>HAZEL - BURNS - Wood - ELDON - Mo</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>BRAIN INJURY</u>					<u>IMMEDIATE</u>
DUE TO (b) <u>SKULL FRACTURE</u>					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>COMPOUND FRACTURES LEFT FEMUR AND RIGHT TIBIA. COMPRESSION INJURY OF CHEST</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>AUTO ACCIDENT</u>			
20c. TIME OF INJURY Hour <u>12:30</u> a.m. Month, Day, Year <u>9-17-60</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. HIGHWAY # 54</u>	20f. CITY, TOWN, OR LOCATION <u>MILLER</u>	COUNTY <u>Mo.</u>	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>12:30</u> <u>A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>D. D. Humphrey D.O. Coroner</u>			22b. ADDRESS <u>Tuscumbia - Mo</u>		22c. DATE SIGNED <u>19 Sept-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>19 Sept-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wood</u>	23d. LOCATION (City, town, or county) <u>MILLER-Co - Mo</u>		
24. FUNERAL DIRECTOR <u>Keith McKay</u>		ADDRESS <u>ELDON - Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Sept. 19, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Alvaretta West</u>	

BY AFFIDAVIT OF

SEP 27 1960

SEP 26 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_; Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Keith M. Kay*

Licensed Embalmer No. 3998

P. O. Address Eldon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.